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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM		Application Number	10/790,272
		Filing Date	Mar 1, 2004
		First Named Inventor	Packer, Robert L.
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	6533/53815

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): IDS Form PTO-1449 (2 pages); 15 cited references; Return Postcard Receipt.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Office of Mark J. Spolyar
Signature	
Date	November 15, 2004

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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 468.00)

Complete if Known

Application Number	10/790,272
Filing Date	3/1/2004
First Named Inventor	Packer
Examiner Name	Marcelo
Group Art Unit	2663
Attorney Docket No.	6533/53815

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																																												
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SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Mark James Spolyar	Registration No. (Attorney/Agent)	42164	Telephone 415-826-7966
Signature	<i>Mark James Spolyar</i>			Date November 15, 2004

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